

Financial planning for your visit



Before your visit

You will receive a call from our pre-service coordinator, who will:

- Verify your insurance information
- Provide you with an estimate
- Give you the opportunity for a 10% discount for full payment of estimated charges



The day of your visit

When you arrive at the hospital or facility for your procedure or test, you will need to provide:

- A photo ID
- Your insurance card
- Method of payment (if required)



After your visit

- We will submit your insurance claim.
- If payment is required, we will send you up to three statements.
- You might receive reminder phone calls after receiving your first statement.
- You may pay online at balladhealth.org/pay-my-bill, over the phone or via mail.
- If you need to set up a payment plan, please call 423.431.1700.
- Financial assistance is available if you need help paying your bill. For more information, please call 423.262.1379.

FAQs

• Do I pay up front?

Our practice is to collect all known fees when you register, including deductibles, co-pays and co-insurance. This cost is an estimate based on your anticipated services. Your final bill might be lower or higher than the estimate, depending on the actual services you receive. Once we confirm the services provided during your stay, we will either process a refund or request additional payment.

• What about my health insurance payment? If

you have health insurance, we will bill your insurance carrier shortly after your visit. In many cases, your insurance carrier will pay within 30 days. Your insurance company might contact you for additional information to help process your claim. If this happens, please respond as quickly as possible to ensure you receive the maximum benefits.

• Will the billing office call me?

If you pay up front, it is unlikely we will need to contact you again, unless your insurance determines there is an additional balance due from you.

• I don't have insurance. How do I pay?

If you don't have insurance, you will be asked to pay your estimated cost for services rendered, which includes an uninsured discount. If you are unable to pay, we will work with you to:

- Apply for coverage through Medicaid, Virginia Medicaid or TennCare
- Apply for financial assistance
- Set up a payment plan

• Can I get an exact pricing quote?

We will do our best to provide you with a range of what you can expect to pay, based on contracted rates ordered for similar services. Price quotes are not guaranteed, since your services might vary due to treatment decisions, unforeseen complications, additional tests or services ordered by your physician and variation in your particular clinical needs.

• Why might I get more than one bill?

We will be sending you the bill incurred for the services provided at the hospital or facility. Some of the care provided to you during your stay might also be from providers who bill separately. These professional services include, but are not limited, to:

- Anesthesiologists
- Cardiologists
- ER physicians
- Hospitalists
- Other providers
- Pathologists
- Radiologists

Navigating the Patient Financial Journey

1. Your physician or care provider orders your test or procedure.



2. Your pre-service coordinator will call to validate your demographics and discuss financial obligations, if any.



3. A clinical team member may call you to prepare for your test or procedure (or you may skip this step).



4. It's time to go to the hospital.

You will need:

- Your physician order
- A photo ID
- Current insurance card



5. It's time for your procedure.



6. You are ready to go home.



7. Your visit is reviewed by your insurance company and you will receive an Explanation of Benefits (EOB).



8. You may receive a statement from Ballad Health with information on how you may pay your bill. This statement should, in most cases, match your EOB.



9. A customer service representative is waiting to answer your questions.



Glossary of Terms

1. **EOB** – Explanation of Benefits: A statement sent to you by your health insurance company explaining what medical treatments and/or services were paid for on your behalf.
2. **Deductible** – the amount you pay for covered healthcare services before your insurance plan starts to pay.
3. **Co-pay** – a fixed amount you pay for a covered healthcare service after you have paid your deductible.
4. **Co-insurance** – the percentage of costs of a covered healthcare service.
5. **Out-of-pocket** – the portion of your covered medical expenses that you can expect to pay during the course of a plan year.
6. **Estimate** – the total amount you may have to pay for services, which is calculated before you receive your services.
7. **Coordination of benefits** – a way to figure out who pays first when two or more health insurance plans are responsible for paying the same medical claim.
8. **Medically necessary** – healthcare services or supplies needed to diagnose or treat an illness, injury condition, disease or its symptoms, and that meet accepted standards of medicine.
9. **Preauthorization** – a decision by your health insurer or plan that a healthcare service, treatment plan, prescription drug or durable medical equipment is medically necessary. Preauthorization is not a promise your health insurance or plan will cover the cost.
10. **Appeal** – a request for your health insurer or plan to review a decision or a grievance again.
11. **ABN** – Advance Beneficiary Notice: A Medicare waiver of liability that providers are required to give a Medicare patient before services if, based on Medicare rules, those services may not be covered or considered medically necessary.
12. **Denial** – when an insurance company does not approve payment for a specific claim or does not preauthorize a service or services before you have received the healthcare service.